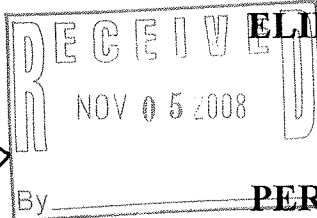
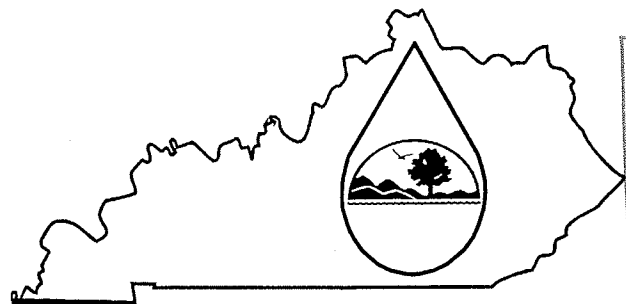


## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0	0	2	5	8	5	2
A. Name of business, municipality, company, etc. requesting permit CITY OF WINGO									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name: WINGO STP (POTW)					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> CHARLES SHELBY MAYOR				
Facility Location Address (i.e. street, road, etc., not PO Box): 105 DALE DR.					Mailing Address: PO BOX 117				
Facility Location City, State, Zip Code: WINGO, KY 42088					Mailing City, State, Zip Code: WINGO-KY 42088				
					Facility Contact Telephone Number: 270-376-2286				

<b>II. FACILITY DESCRIPTION</b>			
A. Provide a brief description of activities, products, etc:  SEE PROPOSED FACILITY SCHEMATIC FIGURE 2			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	NA	4952 Sewerage Systems	
Other SIC Codes:	NA		

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions) <input checked="" type="checkbox"/>	
B. County where facility is located: GRAVES	City where facility is located (if applicable): WINGO
C. Body of water receiving discharge: CANE CREEK (MILE POINT 3.90) TRIBUTARY OF OBION CREEK TRIBUTARY MISS. RIVER	
D. Facility Site Latitude (degrees, minutes, seconds): 36' 30M 32S	Facility Site Longitude (degrees, minutes, seconds): 88' 44M 20S
E. Method used to obtain latitude & longitude (see instructions):	TOPO MAP COORDINATES
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	NA

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

CHARLES SHELBY

Telephone Number:

270-376-2286 705-5199 CELL

Operator Mailing Address (Street):

PO BOX 117

Operator Mailing Address (City, State, Zip Code):

WINGO KY, 42088

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

WW TREATMENT II

Certification Number:

CLASS II 8800

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0025852

Issue Date of Current Permit:

11/10/2005

Expiration Date of Current Permit:

5/31/2009

Number of Times Permit Reissued:

6

Date of Original Permit Issuance:

02/07/1975

Sludge Disposal Permit Number:

NA

Kentucky DOW Operational Permit #:

0420475

Kentucky DSMRE Permit Number(s):

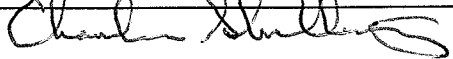
NA

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	NA	

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	 270-376-2286 cell 705-5199
DMR Official Telephone Number:	CHARLES SHELBY OPERATOR & MAYOR

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	


**VII. APPLICATION FILING FEE**

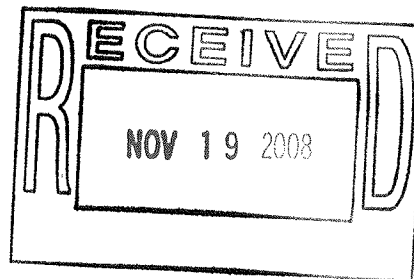
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

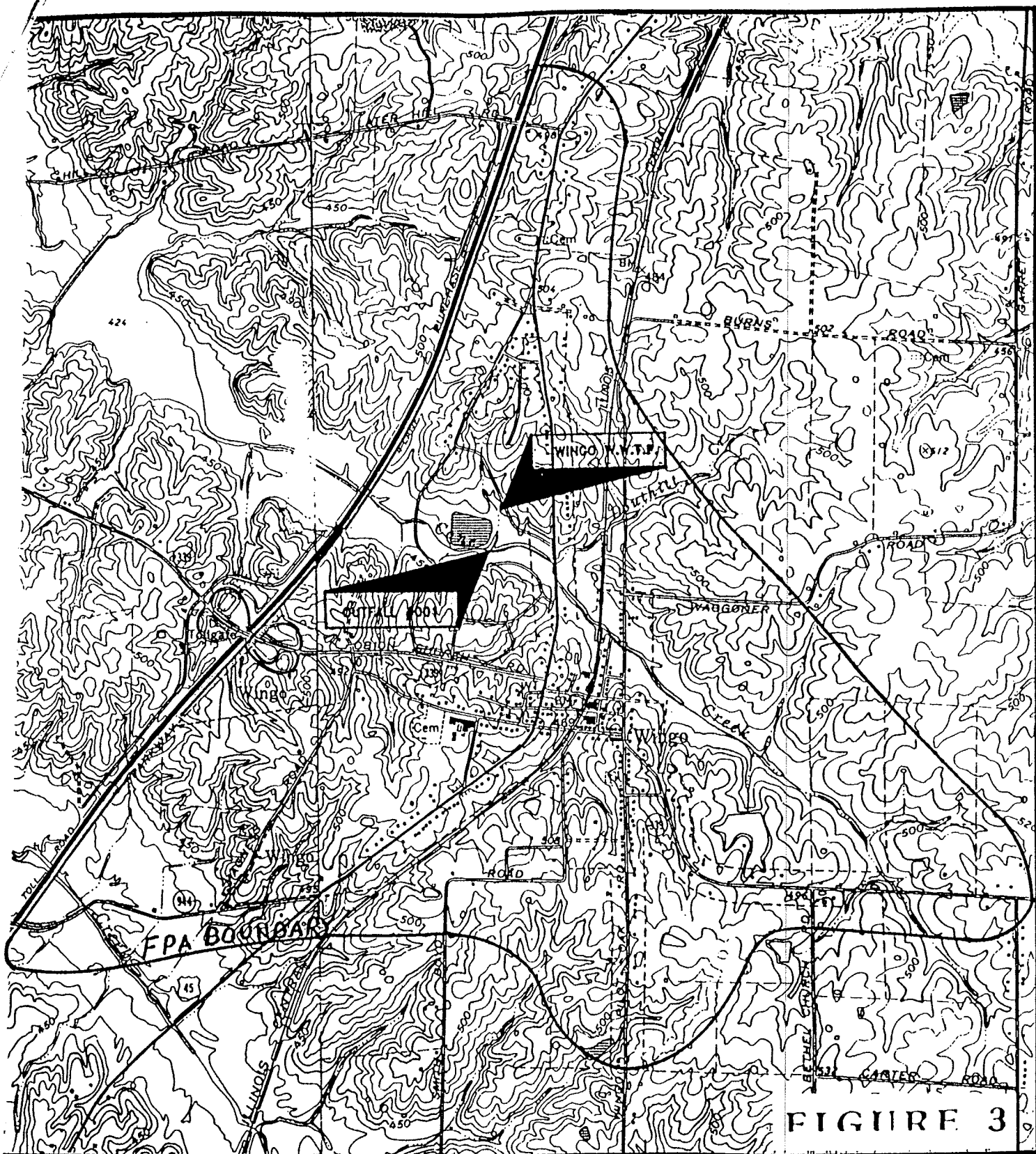
Facility Fee Category:  POTW	Filing Fee Enclosed:  NA
------------------------------------	--------------------------------

**VIII. CERTIFICATION**

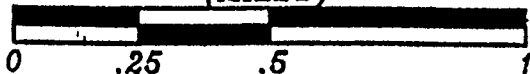
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):  Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> CHARLES SHELBY	TELEPHONE NUMBER (area code and number):  270-376-2286 705-5199 CELL
<u>SIGNATURE</u>  	<u>DATE:</u>  11-14-08





SCALE  
(MILES)



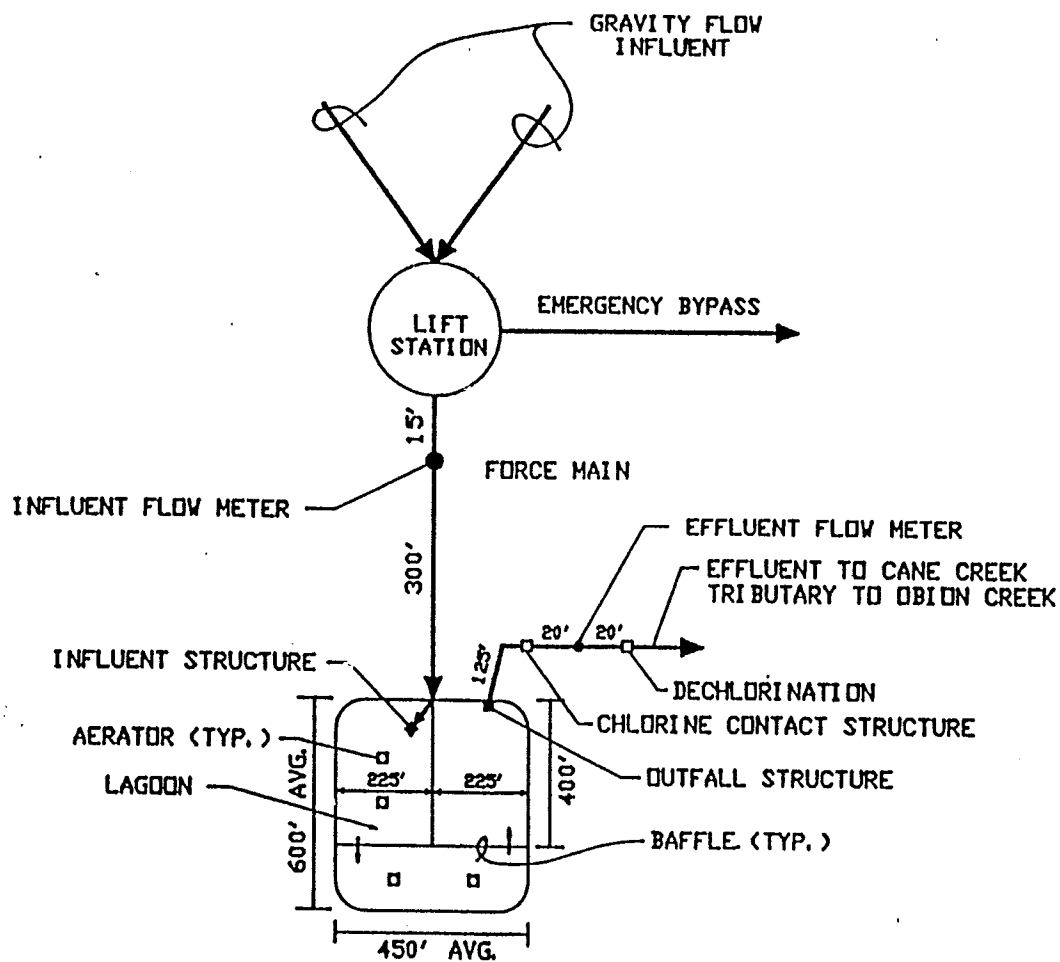
TOPOGRAPHIC MAP

KY0025852 CITY OF WINGO  
WASTEWATER TREATMENT PLANT  
WINGO, KENTUCKY

SOURCE:

U.S. GEOLOGICAL SURVEY  
MAYFIELD, KY 1983 & DUBLIN, KY 1981  
7.5 MINUTE SERIES (TOPOGRAPHIC)

McINTOSH ASSOCIATES, INC.  
CONSULTING ENGINEERS  
111 NAHM STREET  
PADUCAH, KENTUCKY 42001



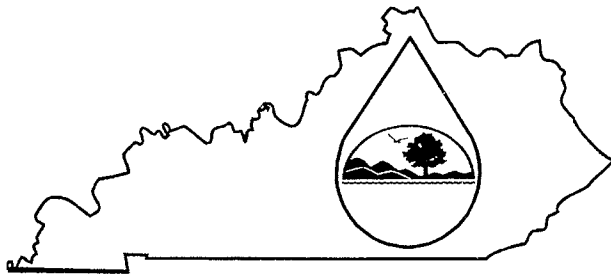
LAGOON SURFACE AREA = 6 ACRES  
LAGOON DEPTH = 5'

FIGURE 2

**PROPOSED FACILITY SCHEMATIC**

KY0025852 CITY OF WINGO  
WASTEWATER TREATMENT PLANT  
WINGO, KENTUCKY

**McINTOSH ASSOCIATES, INC.**  
CONSULTING ENGINEERS  
111 NAHM STREET  
PADUCAH, KENTUCKY 42001



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	5	8	5	2
<p>Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.</p>								
<p><b>BASIC APPLICATION INFORMATION:</b></p> <p><b>A. Basic Application Information for all Applicants.</b> All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.</p> <p><b>B. Additional Application Information for Applicants with a Design Flow <math>\geq 0.1</math> mgd.</b> All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.</p> <p><b>C. Certification.</b> All applicants must complete Part C (Certification).</p>								
<p><b>SUPPLEMENTAL APPLICATION INFORMATION:</b></p> <p><b>D. Expanded Effluent Testing Data.</b> A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):</p> <ol style="list-style-type: none"> <li>Has a design flow rate greater than or equal to 1 mgd,</li> <li>Is required to have a pretreatment program (or has one in place), or</li> <li>Is otherwise required by the permitting authority to provide the information.</li> </ol> <p><b>E. Toxicity Testing Data.</b> A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):</p> <ol style="list-style-type: none"> <li>Has a design flow rate greater than or equal to 1 mgd,</li> <li>Is required to have a pretreatment program (or has one in place), or</li> <li>Is otherwise required by the permitting authority to submit results of toxicity testing.</li> </ol> <p><b>F. Industrial User Discharges and RCRA/CERCLA Wastes.</b> A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:</p> <ol style="list-style-type: none"> <li>All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and</li> <li>Any other industrial user that: <ol style="list-style-type: none"> <li>Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or</li> <li>Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or</li> <li>Is designated as an SIU by the control authority.</li> </ol> </li> </ol> <p><b>G. Combined Sewer Systems.</b> A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).</p>								
<p><b>ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)</b></p>								

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

#### A.1. Facility Information.

Facility name WINGO WASTEWATER TREATMENT PLANT (POTW)

Mailing Address PO BOX 117  
WINGO KY 42088

Contact person CHARLES SHELBY

Title MAYOR -- OPERATOR

Telephone number 270-376-2286 CELL 270-705-5199

Facility Address 105 DALE DRIVE  
(not P.O. Box) WINGO KY 42088

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☒ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☒ Applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES	<u>KY 0025852</u>	PSD	_____
UIC	_____	Other	_____
RCRA	_____	Other	_____

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>WINGO WASTEWATER</u>	<u>1000</u>	<u>GRAVITY FLOW LAGOON</u>	<u>CITY OF WINGO</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>1000</u>			

**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.070
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>0.11</u>	<u>0.08</u>	<u>0.06</u>	mgd
c. Maximum daily flow rate	<u>0.33</u>	<u>0.20</u>	<u>0.14</u>	mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each. 33,735 L.F.

- ☒ Separate sanitary sewer \_\_\_\_\_ %
- ☐ Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses: ONE

- i. Discharges of treated effluent CANE CREEK
- ii. Discharges of untreated or partially treated effluent \_\_\_\_\_
- iii. Combined sewer overflow points \_\_\_\_\_
- iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_
- v. Other OVERFLOW FROM WET WELL BEFORE LIFT STATION ONE CANE CREEK

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No



If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the KPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐

Yes

☒

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method ☐ continuous or ☐ intermittent?

**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number CANE CREEK TREATED EFFLUENT
- b. Location
- |   |                                   |
|---|-----------------------------------|
| <u>WINGO</u><br>(City or town, if applicable) | <u>42088</u><br>(Zip Code)        |
| <u>GRAVES</u><br>(County)                     | <u>KY</u><br>(State)              |
| <u>36° 30M 32S</u><br>(Latitude)              | <u>88° 44M 20S</u><br>(Longitude) |
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate 0.06 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 7 MONTHS
- Average duration of each discharge: 24 HRS PER DAY DURING THESE MONTHS
- Average flow per discharge: 0.06 mgd
- Months in which discharge occurs: JAN, FEB, MAR, APR, MAY, NOV, DEC
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water CANE CREEK 3.90 MILES POINT
- b. Name of watershed (if known) \_\_\_\_\_
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): MAP ATTACHED
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

**A.11. Description of Treatment.**

- a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe:AERATION IN LAGOON-CHLORINATION &  
3 CELLS DE-CHLORINATION

- b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 85 %Design SS removal 85 %Design P removal NA %Design N removal NA %

Other \_\_\_\_\_ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

CHLORINATION - LIQUID BLEACH 12.5%

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes☐ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: CANE CREEK 3.90 MILE POINT

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)	SEE ATTACHED DMRs	s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)							

**END OF PART A.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE**

**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

1000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

We have lined some of the 8" main that was smokel tested and found to have the highest infiltration. This has really slowed it down.

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

\_\_\_\_\_

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

\_\_\_\_\_

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	_____	_____
– End construction	_____	_____
– Begin discharge	_____	_____
– Attain operational level	_____	_____

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_  
\_\_\_\_\_

#### B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	See attached DMRs						
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE**

## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

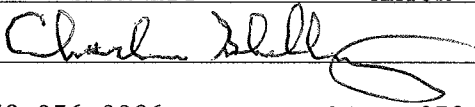
☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title CHARLES SHELBY MAYOR - OPERATOR

Signature 

Telephone number 270-376-2286 - CELL 270-705-5199

Date signed 11-3-08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

### SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch  
Inventory & Data Management Section  
Frankfort Office Park  
14 Reilly Road  
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.